## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCU		00000357	(00)	FILED 02 FEB 15 PH 2: 03		
MELBO	urne Hampton Greens Affo L.P., Ltd.	rdable Housing Par	т		SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business  1551 SANDSPUR ROAD  MAITLAND FL 32751  MAITLAND FL 32751  P.O. BOX 4961 ORLANDO FL 32802-4961					- FLORIDA	
2. Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2002	
City & State City & State					4. FEI Number 59-3197393 Applied For Not Applicable	
Zip	Country	Zip		itry	5. Certificate of Status Desired See Required	
	6. Name and Address of Curren	I It Registered Agent	<u> </u>	Name	7. Name and Address of New Registered Agent	
B&C CORPORATE SERVICES OF CENTRAL FLORIDA,				Street Address (P.O. Box Number is Not Acceptable)		
INC. 390 NOR	ITH ORANGE AVENUE, SUITE 110	00				
ORLANDO FL 32801				City Zip Code		
The above named entity submits this statement for the purpose of changing its registe				ed office or regist		
SICNIATURE	÷					
SIGNATURE . 9. Capital Co	Signature, typed or printed name of registered ager		nital Contrib	hutione	11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown	on record. \$\psi_1322,000.14\$	in FLORIDA t	o date.		SEE REVERSE SIDE FOR FEE INFORMATION	
	NOTE: General Partners M	AY NOT be changed or	n the form		STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
OCUMENT#	GENERAL PARTNE <b>A93000000229</b>	ER INFORMATION	13.		ADDRESS CHANGES ONLY	
NAME	CED CAPITAL HOLDINGS III, LTD. 1551 SANDSPUR ROAD		STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	MAITLAND FL 32751		CITY	-ST-ZIP	7000049607172 -02/20/0201049010	
OCUMENT #			STRE	ET ADDRESS	-02/20/0201049010 ****526.25 ****\$26.25	
TREET ADDRESS			CITY-	-ST-ZIP		
OCUMENT #			STRE	ET ADDRESS	BK	
NAME STREET ADDRESS CITY-ST-ZIP		,	CITY	-ST-ZIP		
OCUMENT #		·	STRE	ET ADDRESS		
TREET ADDRESS			CITY-	-ST-ZIP		
OCUMENT #			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
OCUMENT #			STRE	ET ADDRESS		
TREET ADDRESS			CITY-	-ST-ZIP		
4. I hereby of indicated the receiv	ver or trustee empowered to execute the	nis report as required by Ch	napter 620, F	Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information f made under oath; that I am a General Partner of the limited partnership or	
SIGNAT	TURE: SIGNATURE AND TYPED OF	REPRINTED NAME OF SIGNING GEN	INCU IERAL DIBBIE	R S	aging general partner  2/3/24 +8500  Davine Phone #	